

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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MAR 13 2009

Please type or print in ink.

GOVERNOR'S OFFICE  
LEGAL AFFAIRS

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Kelsch	Lindsay	Elena	[REDACTED]
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
2550 Mariposa Mall, Suite #3013	Fresno	CA	93721

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Office of the Governor

Division, Board, District, if applicable:

Central Valley Office

Your Position:

Director

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2008.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 7

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☒ Yes – schedule attached  
*Income – Gifts*

Schedule E ☒ Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/11/09

Signature

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other \_\_\_\_\_

(Describe)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other \_\_\_\_\_

(Describe)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other \_\_\_\_\_

(Describe)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other \_\_\_\_\_

(Describe)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other \_\_\_\_\_

(Describe)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other \_\_\_\_\_

(Describe)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address \_\_\_\_\_

Check one

☐ Trust, go to 2      ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
ACQUIRED      DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship    ☐ Partnership    ☐ \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499      ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000      ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT      ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining    ☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_

Address \_\_\_\_\_

Check one

☐ Trust, go to 2      ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
ACQUIRED      DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship    ☐ Partnership    ☐ \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- ☐ \$0 - \$499      ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000      ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT      ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
ACQUIRED      DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining    ☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

# SCHEDULE B

## Interests in Real Property

(Including Rental Income)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

► STREET ADDRESS OR PRECISE LOCATION \_\_\_\_\_

CITY \_\_\_\_\_

---

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/08      \_\_\_\_\_/\_\_\_\_\_/08

☐ \$10,001 - \$100,000      ACQUIRED      DISPOSED

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INTEREST

☐ Ownership/Deed of Trust      ☐ Easement

☐ Leasehold \_\_\_\_\_      ☐ \_\_\_\_\_

Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\_\_\_\_\_

\_\_\_\_\_

► STREET ADDRESS OR PRECISE LOCATION \_\_\_\_\_

CITY \_\_\_\_\_

---

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/08      \_\_\_\_\_/\_\_\_\_\_/08

☐ \$10,001 - \$100,000      ACQUIRED      DISPOSED

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INTEREST

☐ Ownership/Deed of Trust      ☐ Easement

☐ Leasehold \_\_\_\_\_      ☐ \_\_\_\_\_

Yrs. remaining      Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\_\_\_\_\_

\_\_\_\_\_

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_%      ☐ None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000      ☐ OVER \$100,000

☐ Guarantor, if applicable

\_\_\_\_\_

NAME OF LENDER\* \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_%      ☐ None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000      ☐ OVER \$100,000

☐ Guarantor, if applicable

\_\_\_\_\_

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
---

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_ %      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

- ☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

\_\_\_\_\_ City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
---

► NAME OF SOURCE  
Governor's Office

ADDRESS  
State Capitol, First Floor, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 17 / 08	\$ 34.00	popcorn tin
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE  
 \_\_\_\_\_

ADDRESS  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name _____

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

▶ NAME OF SOURCE <u>California State Protocol Foundation</u>
ADDRESS <u>1215 K Street, Suite 1400</u>
CITY AND STATE <u>Sacramento, CA</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Climate Summit</u>
DATE(S): <u>11 / 17 / 08</u> - <u>11 / 20 / 08</u> AMT: \$ <u>944.63</u> <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

▶ NAME OF SOURCE _____
ADDRESS _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

▶ NAME OF SOURCE _____
ADDRESS _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

▶ NAME OF SOURCE _____
ADDRESS _____
CITY AND STATE _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small>
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income
DESCRIPTION: _____

Comments: \_\_\_\_\_